



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Patrick LENOIR

Title: INFRARED DRIER INSTALLATION FOR PASSING WEB

Appl. No.: 10/591,393

International Filing Date: 2/21/2005

371(c) Date: 11/10/06

Examiner: Stephen Michael GRAVINI

Art Unit: 3743

Confirmation Number: 9571

AMENDMENT TRANSMITTAL

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

☐ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

☐ Assertion of Small Entity status is enclosed.

☒ The fee required for additional claims is calculated below:

	Claims As Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	21	- 20	= 1	x \$52.00	= \$52.00
Independent Claims:	1	- 3	= 0	x \$220.00	= \$0.00
First presentation of any Multiple Dependent Claims:				+ \$390.00	= \$0.00
CLAIMS FEE TOTAL					= \$52.00

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☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$130.00	\$0.00
<input type="checkbox"/> Extension for response filed within the second month:	\$490.00	\$0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$1,110.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,730.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,350.00	\$0.00
EXTENSION FEE TOTAL:		\$0.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$140.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$52.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
Extension Fees Previously Paid:		\$0.00
TOTAL FEE:		\$52.00

A credit card payment form in the amount of \$52.00 is enclosed.


The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

AUG 28 2009

Date _____

By  _____

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